

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE **DEPARTMENT OF STATE**

DIVISION OF PROFESSIONAL REGULATION

COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

APPLICATION AFFIDAVIT FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE

TELEPHONE: (302) 744-4500 Fax: (302) 739-2711

WEBSITE: WWW.DPR.DELAWARE.GOV

LICENSE NO: _____

Form 301

	APPROVED:
STATE OF DELAWARE) (SS:	DATED:
COUNTY OF)	DATED:
I,	, being duly sworn do depose and say that
this Application for a license to operate a,	
consisting of pages, is my act and deed and that the facts stated herein are true.	
Signature:	
	Social Security Number:
To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date: Completed, signed and notarized application form Fee payment All required supporting documentation.	
Applications that are not <u>complete</u> within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.	
Please note: When your application for a license is <u>complete</u> , please allow 4-6 weeks to receive your license.	
SWORN TO AND SUBSCRIBED BEFORE ME	FOR OFFICE USE ONLY
this day of	I hereby acknowledge receipt of application for a
20	license consisting of pages from
	to operate a
Commissioner	
	this day of,
Effective 2/78	20
Revised 7/80, 8/01, 8/04, 7/05, 4/08	Administrative Specialist for the Commission